

# Dutch community pharmacy in a changing environment

*Best practices in Holland*

**BaltPharm Forum 2018**  
**Tartu, April 14, 2018**

**Jeroen van de Pol**  
**Peter de Braal**



## Peter de Braal

Since 2003 involved in healthcare:

- KPMG Healthcare consultant
- Pharmacy Procurement Manager Zilveren Kruis (health insurer)
- Manager Commerce/Care BENU The Netherlands



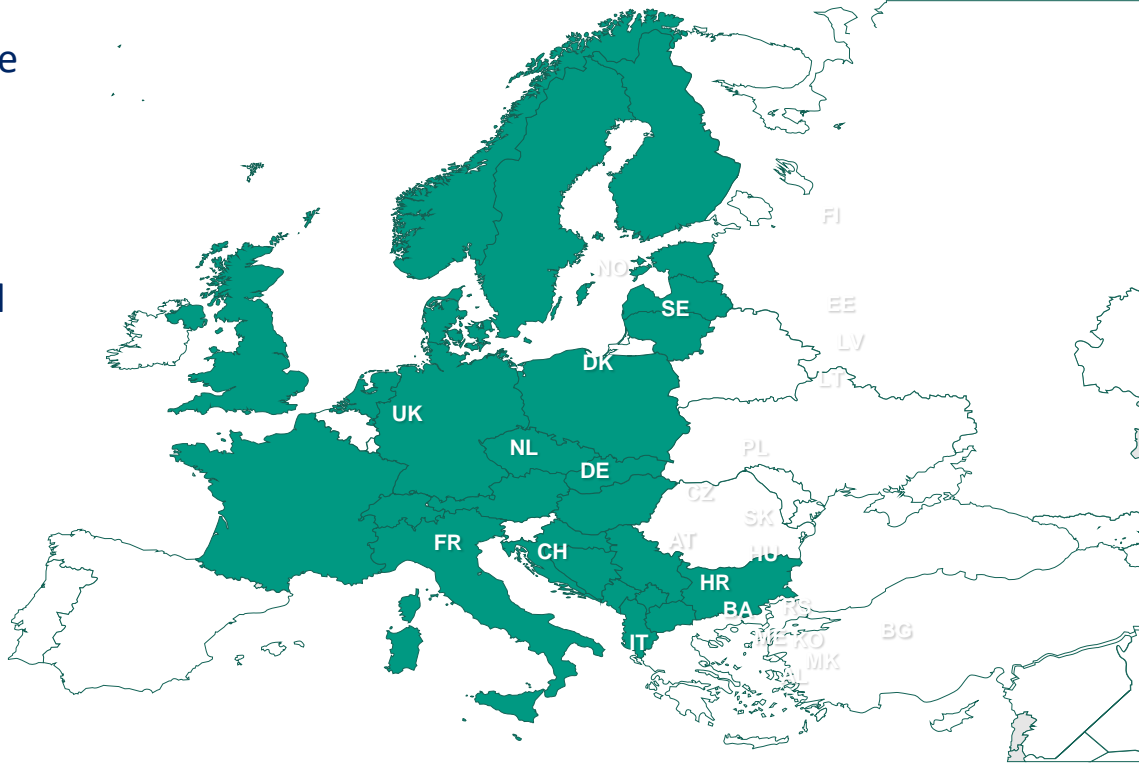
## Jeroen van de Pol

Since 2013 involved in healthcare:

- Community pharmacist
- Compliance manager Commerce BENU The Netherlands
- PhD candidate Utrecht University



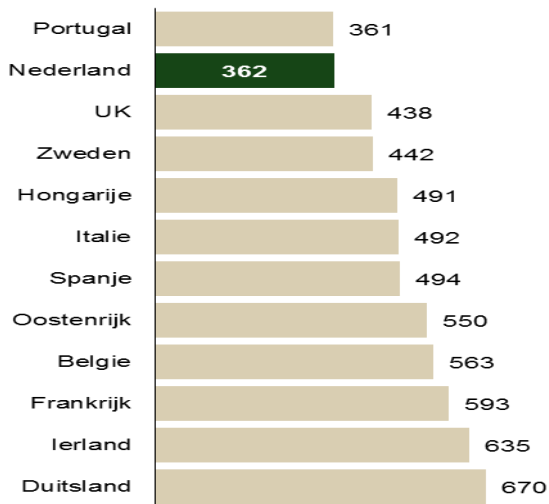
- We are a leading **integrated** healthcare provider in Europe.
- We are a **family-owned** company in pharmaceutical Wholesale, Retail, and Pharma Services.
- Present in **26 countries**, we offer a unique geographical coverage throughout Europe and make a vital contribution to comprehensive healthcare.



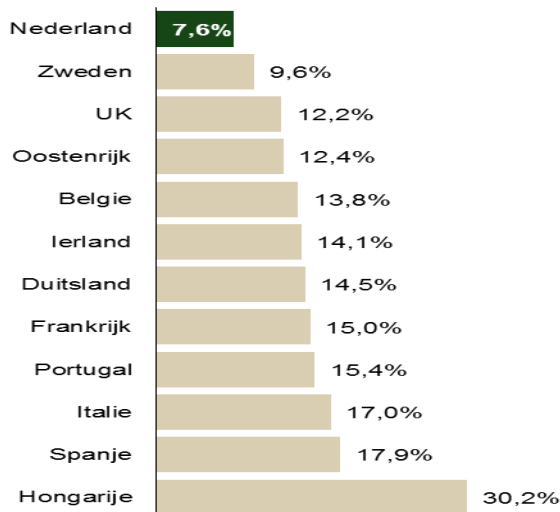
# Dutch Pharmacists are doing well...

Dutch Pharmacy Expenses compared with other European countries (2016; 2014)

### Pharmacy Expenses pp/y [EUR]



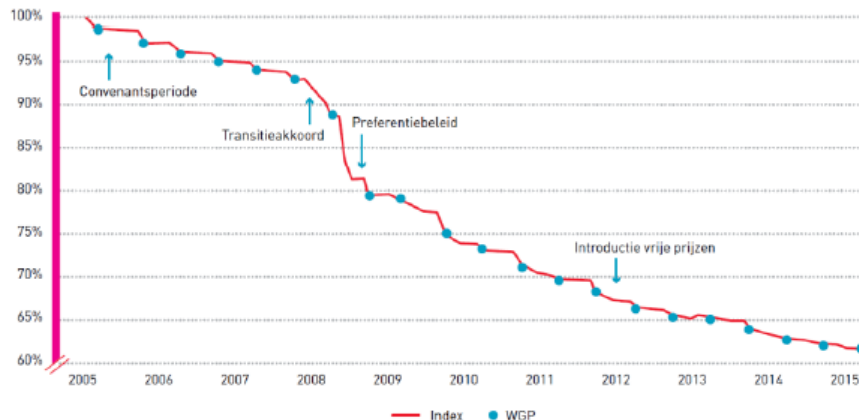
### Pharmacy Expenses as % of total health expenditure



### # Pharmacies/100.000 inhabitants



## PRICE INDEX LAST 10 YEARS



Bron: Stichting Farmaceutische Kengetallen

## Preference policy



- Health insurance will only reimburse cheapest product
- Health insurance makes deals with manufactures about prices per product
- Pharmacy must offer cheapest product to patient

## Price model

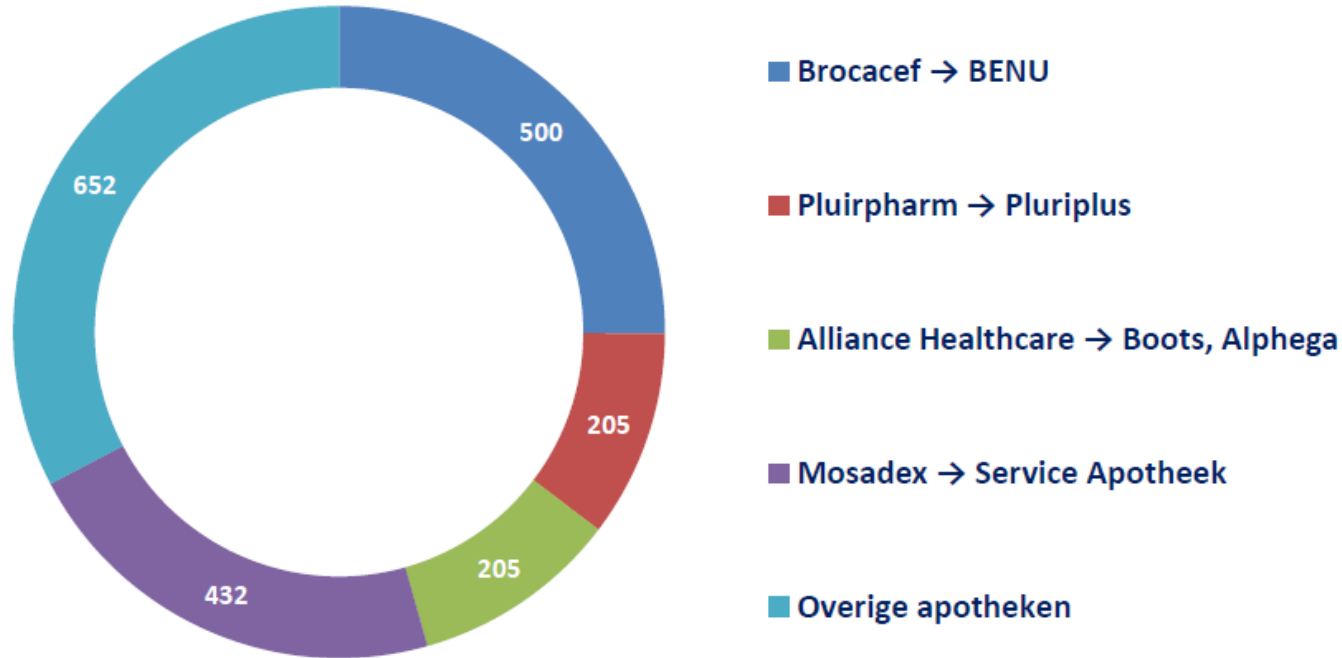
- Preference policy started in 2008
  - Prices from mostly generic products
- Introduction of free prices in 2012
  - Change from hospital care to local care
  - Prices at private clinics mostly 50% lower compared to hospitals
- Hospitals join multiple purchase collectives to lower prices
- Over 70% of products sold is generic

## Transferred hospital care



- Home care with control of specialist instead of General Practitioner (GP)
- From 2012 high expensive products to hospital budget
- High expensive products from pharmaceutical care to regular care

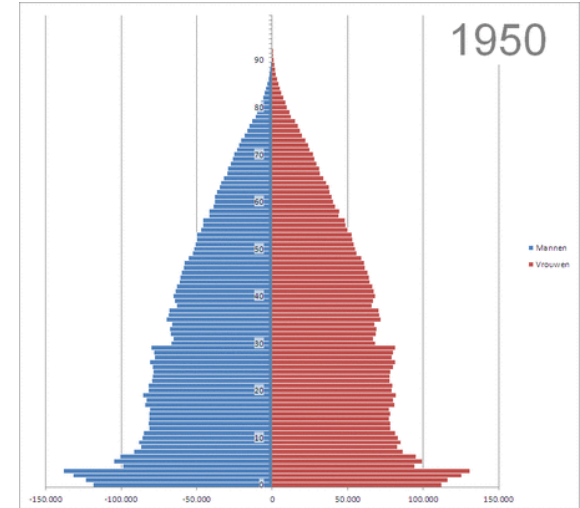
# BENU: Dutch market leader in Pharmaceutical care



# pharmacies in NL

# Radical change was needed....

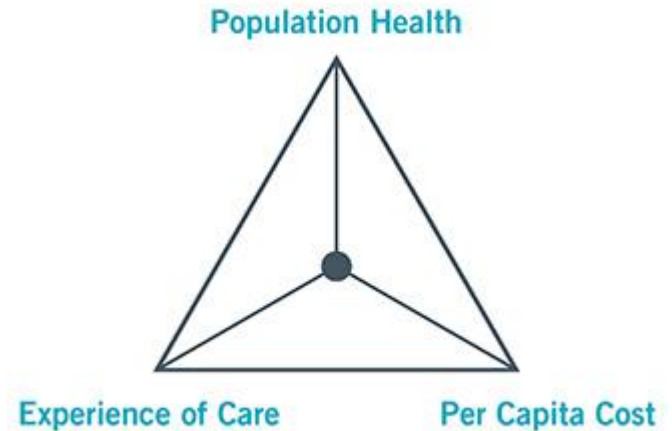
- Shifting focus
  - From: Compounding, dispensing and OTC
  - Towards: Patient centered pharmaceutical care
- Shift is necessary due to two main reasons:
  1. Increasing burden on the Dutch healthcare system
    - More patients due to ageing
    - Increasing complexity
    - Opportunity for pharmacists to react
  2. To maintain a right to exist for community pharmacy
    - Pharmaceutical care is what makes us unique
    - Moving towards value-based healthcare
    - Threats regarding OTC, compounding and dispensing from outside



# Shifting focus for community pharmacy

- Enabling community pharmacists as healthcare providers
  - Spending more time on pharmaceutical care
  - Less time on compounding and dispensing
- Examples from BENU pharmacies
  - High quality and efficient logistics
    - Pro-active repeat prescription service
    - Central Filling
    - ServiLockers
  - Patient centered pharmaceutical care
    - Medication Reviews
    - Focus on asthma/COPD
    - Medication Monitor
- Actively pursuing the Triple Aim

## The IHI Triple Aim





# Examples of logistical solutions

## Pro-active repeat prescription service

- Pharmacist monitors medication supply of patients
- Automatically repeats prescriptions when supply gets low
- Patients no longer hand over prescriptions

## Central Filling

- Filling of prescriptions outsourced to a central location
- 80% of all prescriptions filled by Central Filling

## ServiLockers

- Patients can retrieve medication from an automated dispensing robot
- Located outside the pharmacy, getting medication outside opening hours
- Patient satisfaction increases



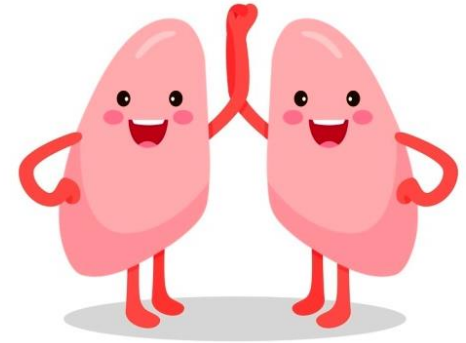
# Examples of healthcare innovations (1)

- Medication Review
  - Goal: Optimizing pharmaceutical care
    - Pharmacist: direct patient contact
    - Analysis of medication use
    - Advice both patient and doctors
- Effects of Medication Review
  - Pharmacist displays pharmaceutical expertise
  - Connects with both patients and doctors
  - Gains trust
- BENU offers the Medication Review Tool
  - Tool to organize structured medication reviews
  - Supported by modern scientific backgrounds



## Examples of healthcare innovations (2)

- BENU pharmacies focus in upcoming years on astma/COPD
  - Education
  - Formulary
  - Triple Therapy
  - BENU Inhalation Coach
- Education
  - Pharmacists and assistants
- Formulary
  - Supporting prescribers in choosing the best pharmaceutical products
- Triple Therapy
  - Reducing inhalers from 2 to 1
- BENU inhalation coach
  - Coaching inhalation technique
  - Optimizing therapy





# Medication Monitor

[https://www.youtube.com/watch?v=n\\_r5m5EwlgY](https://www.youtube.com/watch?v=n_r5m5EwlgY)

# Examples of healthcare innovations (4)

## BENU MedicationMonitor

Independent investigation (Equalis) proves the added value of the pharmacist:

- Annual savings around EUR 81 mln (BENU pharmacies)
- Annual savings around EUR 308 mln (nationwide)
- This enables BENU pharmacies to:
  - Negotiate higher dispensing fees with payers (health insurers)
  - Reduce healthcare costs
  - Implementing clinical rules for patients
- But also:
  - Close monitoring and coaching persistence and adherence
  - This leads to higher turnover/margin
  - Makes BENU pharmacies an interesting partner to cooperate with for pharmaceutical industry



# Clinical rules in pharmacy practice



Patient records are continuously screened by clinical rules



Clinical rules are presented to the pharmacist

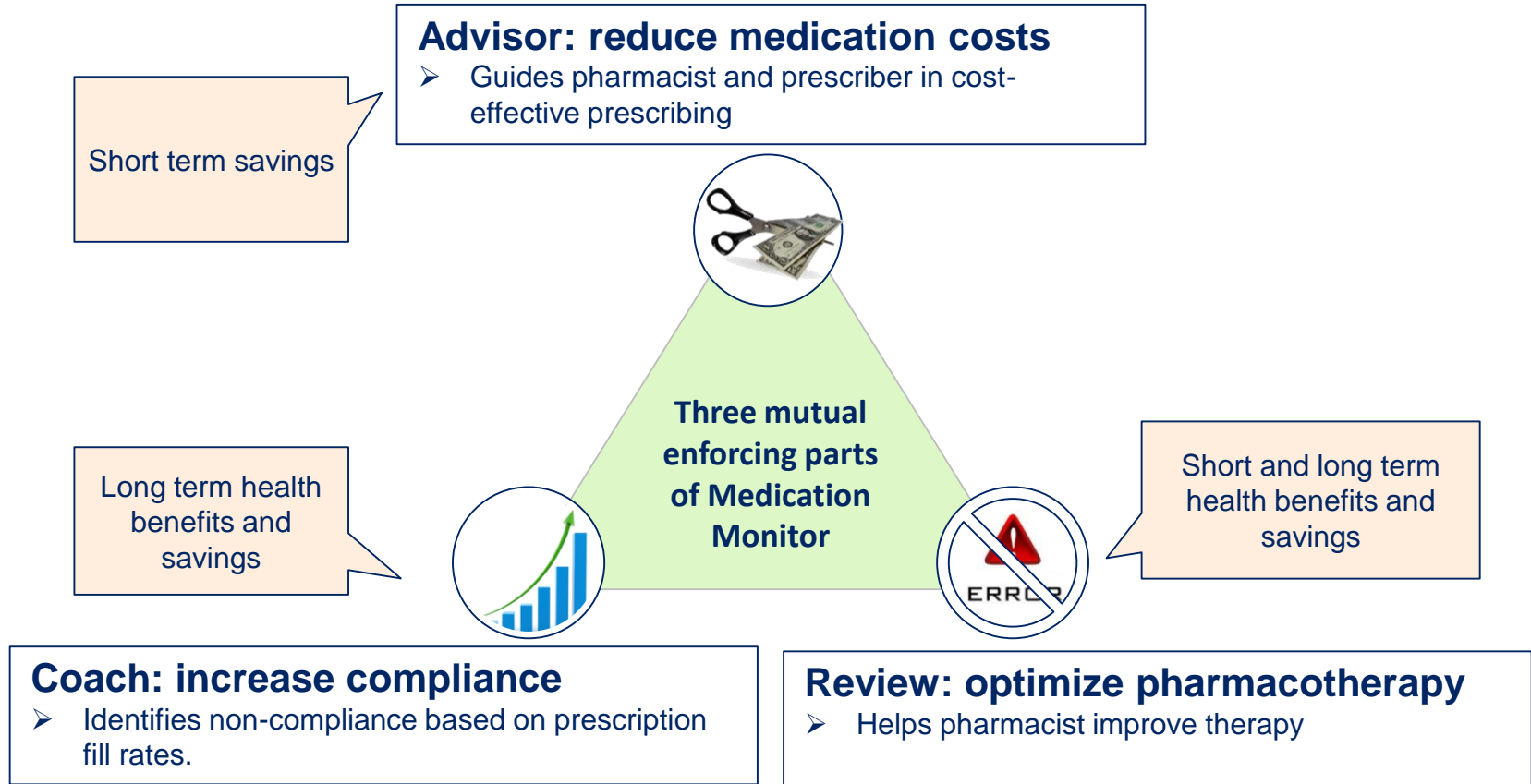


If relevant, the pharmacist consults with prescriber and/or patient



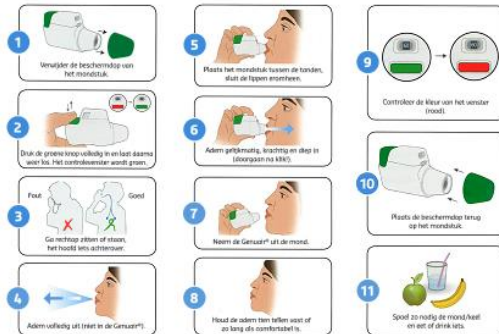
The outcome is registered in the BENU Medication Monitor

# Categories of clinical rules in BENU MedicationMonitor



# Creating solid business opportunities (1)

- Build the basis to ask fees for service from industry (farmaceutical industry doesn't want to invest if they don't get something in return)
- Providing a sustainable way for industry to keep in contact with prescribers and provide them with correct information (sales reps are no longer welcome, guidelines are slowly updated)



- Close monitoring and coaching Persistence and Therapy Compliance leads to higher turnover/margin
- Adding specific information for the patient at the right moment



## Creating solid business opportunities (2)



- Providing data (qualitative/quantitative) to industry (use of specific products, compliance, comparison with other products or similar therapies)

- MedicationMonitor as a tool to create better relationships with prescribers (better advice)
- Negotiating higher dispensing fees with Payers (health insurers): reduction healthcare costs, implementing clinical rules for their customers



# Coming up: new business models!

- More people getting older: more need for intensive pharmaceutical care
- Dutch pharmacists are willing and able to take that role
- Shift from 'being paid for every dispensed package (dispensing fee)' to 'basic fee for every patient, regardless the amount of packages dispensed'
- Essential: good relationship with:
  - Patients
  - Doctors/prescribers
  - Other healthcare professionals
  - Solid procedures amongst healthcare professionals

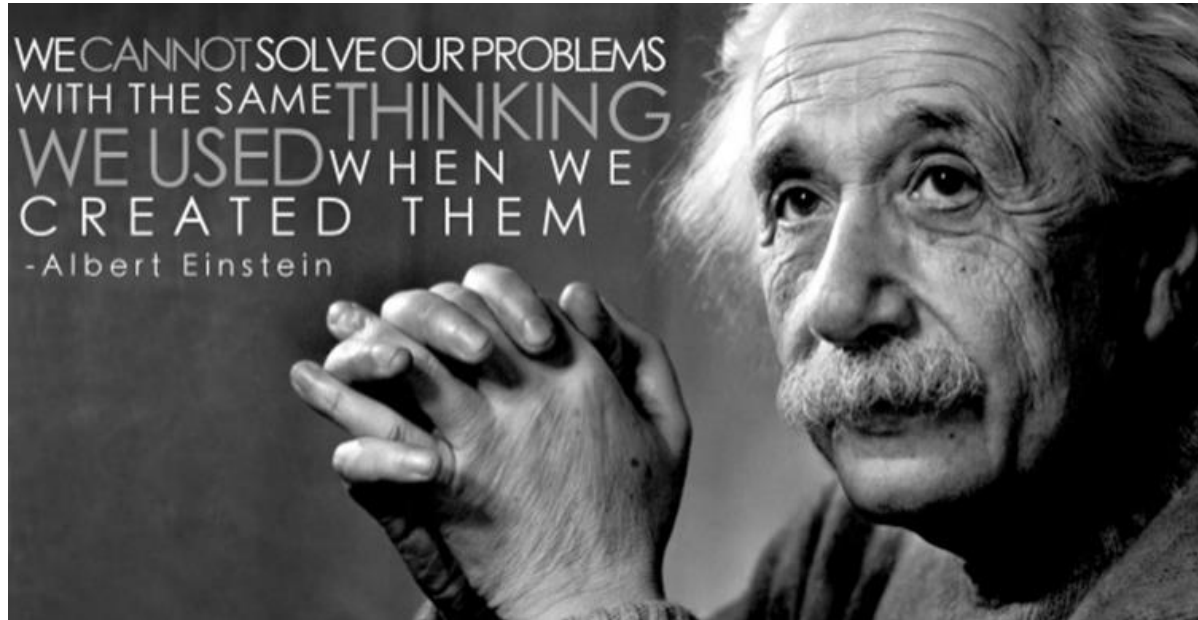


# What you should remember!

- Be aware of the changing environment
- Team up with other pharmacists to face new competitors (i.e. online)
- Use logistical and pharmaceutical care innovations to stay ahead
- Invest in good relationships with your environment
- Good healthcare needs good pharmacists!



Thanks for your attention!



[pdbraal@benuapotheek.nl](mailto:pdbraal@benuapotheek.nl)  
+31650692022